PLACE OF BIRTH		
1. County of Sila	ARIZONA STATE	BOARD OF HEALTH
District of Aug den	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BI	
1		County Registrar No.
City of It as den	No.	St Ward
2. Full name of child	(If birth occurred in a hospital or institution)	on, give its NAME instead of street and number)    If child is not yet named, make
3. Sex of Child To be answered ONLY in event of plural births.	4. Twin, triplet or other 6. Legi,	timate? 7. Date 2.4 Month day year
8. FATHER Full name Thelix (1)	)   14.   Full maiden name	Romulod Baldene
9. Residence (Usual place of abode)  If nonresident, give place and state		ace of abode)  t, give place and state Hayden (
10. Color or race	16. Color or race	7
M <sub>2</sub>	birthday 24 (Years) Mex	17. Age at last birthday 22 (Tears)
1	18. Birthplace (c	ity or place). Nagales
13. Occupation		
Nature of industry	Nature of inc	lustry I touring
(Taken as of time of birth of child herein } (	a) Born alive and now living AMA 21. b) Born alive but now dead AMA 21. c) Stillborn AMA 2	Were precautions taken against eph- thalmia neonatorum?
	ATE OF ATTENDING PHYSICIAN O	R MIDWIFE+
I hereby certify that I attended the birth of	this child, who was (Born alive or atilborn	n.)
*When there was no attending physician midwife, then the father, householder, et should make this return. A stillborn chi is one that neither breathes nor shows oth	c. Signature Couguit	Local Physician or midwife)
Cevidences of life after birth.  Given name added from	Address	25 Word Mach
a supplemental report Month, day, year	Filed Attachment 19	IACAI Registrar.
Registrat.	Filed 19	25 - A. E. W. Shore.